

Foster Family Home - Corrective Action Report**Provider ID:** 2-120079**Home Name:** Marfe Retundo, CNA

15-1617 31st Street

Kea'au

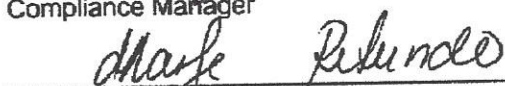
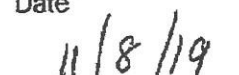
HI 96749

Review ID: 2-120079-7**Reviewer:** Carol Copeland**Begin Date:** 11/7/2019**Foster Family Home****Required Certificate****[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection.


Compliance Manager
Primary Care Giver
Date
Date